Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

2012

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change WEBPAC, INC. 54-2163437 Name chance Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 1515 RIVER OAKS ROAD EAST 504-734-1156 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return HARAHAN Number > Application pending Check > X if the organization is not Accounting Method X Cash Accrual Other (specify) Website: ▶ N/A required to attach Schedule B 501(c)(3) 501(c) ( X 527 ) ◀ (insert no ) (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 35,431 ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ <del>contributions</del> RECEIVED from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) SOS Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and st 6d GDEN, UT Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 35,431 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 32,500 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 49 16 Other expenses (describe in Schedule O) 16 32,549 17 17 Total expenses. Add lines 10 through 16 2,882 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 15,840 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20

18,722

Form 990-EZ (2012)

DAA

Net assets or fund balances at end of year Combine lines 18 through 20

21

ı	Part II	Balance Sheets (see t		,	t II D I. II.					
		Check if the organization	used Schedule O to	respond to any		ginning of year		(B) End of year		
22	Cach cavil	ngs, and investments			(1) 50	15,840	22	18,722		
	Land and b	• .				0	23			
		ts (describe in Schedule O)				0	24			
	Total asse				<del></del>	15,840	25	18,722		
		ities (describe in Schedule O)	)			0	26	(		
		or fund balances (line 27 of		e with line 21)		15,840	27	18,722		
	Part III	Statement of Program			e the instructions for F	Part III)		Expenses		
		Check if the organization	•	•		. == 1	(Re	equired for section		
Wh	nat is the org	anization's primary exempt pu						I(c)(3) and 501(c)(4)		
	POLITICAL	ACCTION COMMITTEE					org	anizations and section		
De:	scribe the or	ganization's program service a	accomplishments for ea	ch of its three large	est program services,		494	17(a)(1) trusts, optional		
as	measured by	expenses In a clear and con	icise manner, describe t	the services provid	ed, the number of		for others )			
per	sons benefit	ed, and other relevant informa	ition for each program to	tie						
28										
	(Grants \$	<u></u> ) If	f this amount includes for	oreign grants, chec	k here	<b>&gt;</b>	28a			
29										
	(Grants \$	) If	f this amount includes for	oreign grants, chec	k here	<u></u> ▶	29a	<del> </del>		
30										
	(Grants \$	) If	this amount includes for	reign grants, chec	k here	<b>D</b>	30a			
31	Other progr	am services (describe in Sche	edule O)							
	(Grants \$	)_If	this amount includes for	reign grants, chec	k here	<b>⊳</b>	31a			
		ram service expenses (add l					32			
P	Part IV	List of Officers, Directors, Check if the organization use	Trustees, and Key Em	<b>iployees</b> List each	one even if not compens in this Part IV	ated (see the inst	ruction	s for Part IV)		
				(b) Average	(c) Reportable					
		(a) Name and title		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to er benefit plans,	and ´	(e) Estimated amount of other compensation		
					(If not paid, enter -0-)	deferred compen	sation	· · · · · · · · · · · · · · · · · · ·		
		BLESSEY, JR.					_			
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WEBPAC, INC.

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P	If V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V								
	`		Yes	No					
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a								
	detailed description of each activity in Schedule O	33	<u> </u>	X					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	į į	l						
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			37					
	change on Schedule O (see instructions)	34	<del></del>	X					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-	1	1					
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		+					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	<del> </del>					
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c	l	x					
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III								
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	ł	x					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30	<b> </b>						
b	Did the organization file Form 1120-POL for this year?	37ь		Ī					
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		├─					
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ĺ	X					
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	000		<del></del>					
39	Section 501(c)(7) organizations Enter	<b>-</b>	: }						
а	Initiation fees and capital contributions included on line 9		İ	1					
b	Gross receipts, included on line 9, for public use of club facilities  39b	-		1					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	<b>-</b>							
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶								
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit								
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			Ī					
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ı						
. <b>c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on								
	organization managers or disqualified persons during the year under sections 4912,								
	4955, and 4958			•					
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	_	:	1					
	reimbursed by the organization	_							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	_							
	transaction? If "Yes," complete Form 8886-T	40e		X					
41	List the states with which a copy of this return is filed None								
42a	The organization's books are in care of ▶ PATRICK W. VOSS Telephone no ▶ 5	04-73	4-1	156					
	1515 RIVER OAKS ROAD EAST								
	Located at ▶ HARAHAN LA ZIP + 4 ▶ 70								
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X					
	If "Yes," enter the name of the foreign country	-	1						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		ļ						
	and Financial Accounts.	40	Ì	v					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X					
	If "Yes," enter the name of the foreign country	_		<b>.</b> $\Box$					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.			<b>&gt;</b>					
	and enter the amount of tax-exempt interest received or accrued during the tax year								
44-	Did the experience projection and desired diseased finds diseased [FIVes    Feet 000 project he		Yes	No					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1	х					
<b>h</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444	-						
b	completed instead of Form 990-EZ	44b	1	x					
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X					
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440							
u	explanation in Schedule O	_44d							
45a				X					
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	- 1						
,55	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		]						
	Form 990-EZ (see instructions)	45b		x					
	···· ··· (See increasion)	<u> </u>							

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Form	990-EZ	Z (2012)	WEBPAC	, INC.				54-21	<u> 163437</u>				Р	Page 4	
46	D.4 4	h			!.			£ -£			ſ		Yes	No	
46			or public office? It			ampaign activities o . Part I	on benaii	rororin oppositi	on			46		х	
Pa	ırt VI	Sec	ction 501(c)(3	) organizatio	ons only	ver questions 47-	-49b an	nd 52, and com	plete the t	ables for lin	ies				
			and 51	rotion wood Co	abadula O ta		~	n in thin Dort \							
		Crie	eck ii the organi	zation used Sc	nedule O to	respond to any	questio	n in this Part v	<u> </u>		····-		Yes	L No	
47		•			s or have a se	ection 501(h) electio	n ın effe	ct during the tax			Γ	4	res	No.	
48	•	•	complete Schedu		on 170/h\/1\/	(A)(II)? If "Yes," com	nloto Sc	shodulo E			-	47 48			
49a		•			, , , , ,	antable related orga	•				-	49a			
b		_	•		•	ū						49b			
50	Comp	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key													
	emple	oyees) wh	o each received i	more than \$100,	000 of compe	ensation from the or	ganızatıc	on If there is non	e, enter "N	one "					
		(a) Name and title of each employee paid more than \$100,000			(b) Average hours per week devoted to position	iα	Reportable ompensation W-2/1099-MISC)	contributio benefit	Ith benefits, ns to employee plans, and compensation		(e) Estimated amount of other compensation				
							<del> </del>				+		,		
							ļ <u>.</u>				<del>                                     </del>				
										·	ļ				
f	Total	number o	f other employees	paid over \$100	,000,	· · · · · · · · · · · · · · · · · · ·	<del></del>	<b>&gt;</b>			<u></u>				
51						sated independent of	contracto	ors who each rec	eived more	than					
			mpensation from					1							
	(a)	Name and	address of each inc	dependent contrac	tor paid more t	han \$100,000		(b) Typ	Type of service (c)				c) Compensation		
				_					<del></del>					-	
			<del></del>												
	Total	number o	f other independe	nt contractors ea	ach receiving	over \$100,000		•							
52	Did th	e organiz	ation complete Sc	hedule A? <b>Note</b>	All section 5	i01(c)(3) organizatio	ons and 4	4947(a)(1)							
	nonex	empt cha	ritable trusts mus	t attach a compl	eted Schedul	e A					<b>-</b>	Yes		No	
						g accompanying sche ed on all information o				my knowledge	and belie	f, it is			
	1	Lina compi	A -	in last	1/-11		i willon pi	reparer rias arry kir	7/17/	2012					
Sign Date Date							ــــــــــــــــــــــــــــــــــــــ				—				
Here	,	PATRICK W. VOSS DIRECTOR													
		<del>,</del>	e or print name and title	) 	- I Dea				Date			DTIN			
D-1-1		Print/Type	preparer's name		Pre	parer's signature			Date	Check		PTIN			
Paid		<u> </u>	) D-4	and all TAT	77	CDA			07/	10/13	mployed				
Prep Use	Only	Firm's nam	D (	rick W.	<del></del>	CPA				Firm's ElN ▶					
550	J.113	Y Firm's address P.O. BOX 23/34 Harahan, LA 70183							Phone no 504-734-1156						
May	the IRS	discuss	this return with the			e instructions					<b>▶</b> [	Ye	s 🗍	No	
		· <u> </u>									Forn	990	)-EZ (	(2012)	

PL 67 201212 201323 153748

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Κ IRS USE ONLY

29404-131-57896-3 A0129282 542163437 For assistance, call.

211A

Department of the Treasury Internal Revenue Service Ogden UT 84201

JUN 1 8 2013

Notice Number: CP211A Date: June 24, 2013

Taxpayer Identification Number:

54-2163437 Tax Form: 990

1-877-829-5500

FAX 801-620-5670

Tax Period: December 31, 2012



36294

WEBPAC INC % PATRICK W VOSS 1515 RIVER DAKS RD E HARAHAN LA 70123-2167

036294.196930.0140.002 1 AB 0.384 373

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## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- If you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter

## i SCHEDULE O

Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WEBPAC, INC.

Employer identification number 54-2163437

Form 990-EZ, Part I, Line 16 - C	ther Expen	ses					
Description Amount							
Expenses							
LOUISIANA FRANCHISE TAX	\$	24					
ANNUAL REPORT FEES	\$	25					

Form 990-EZ, Part III, Line 31 - All Other Accomplishment POLITICAL CONTRIBUTIONS

Total \$

49